

Diagnostic Essentials: Physical Health Conditions

World Trade Center Health Program

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Health Condition Category ¹	Diagnostic Information Needed for Physician Determination ²	Medical Basis
Interstitial Lung Disease ³	<ul style="list-style-type: none"> History (Symptoms) & Physical Exam Findings PFTs/Spirometry Radiographic/Imaging Evidence* <u>and/or</u> Tissue Pathology Evidence* <p>● Note: For Sarcoidosis, tissue pathology* evidence is necessary to verify the diagnosis.</p>	<ul style="list-style-type: none"> American Thoracic Society(ATS)/European Respiratory Society International Multidisciplinary Consensus Classification of the Idiopathic Interstitial Pneumonias (2002) http://www.thoracic.org/statements/resources/in-terstitial-lung-disease/idio02.pdf An Official American Thoracic Society(ATS)/European Respiratory Society Statement: Update of the International Multidisciplinary Classification of the Idiopathic Interstitial Pneumonias (2013) http://www.thoracic.org/statements/resources/in-terstitial-lung-disease/classification-of-IIPs.pdf ATS Statement on Sarcoidosis (1999) http://www.thoracic.org/statements/resources/in-terstitial-lung-disease/sarcoid1-20.pdf

¹The general categories of health conditions that are listed in this Table have been drawn from the List of Health Conditions for Responders found at 42 U.S.C. §§ 300mm-22(a)(3)(A) and 300mm—32(b)(1).

²In general, the diagnosis of a health condition depends on history, physical examination, and various types of diagnostic testing, including radiographic and other types of imaging, spirometry, and various laboratory and pathologic analyses. For each category of health conditions in this Table, a star superscript (*) is listed next to the types of information that are essential for physician determination. In some categories, the clinician has a choice of which type of essential information is available in the medical record. Other clinical information that is not listed with a star superscript (*) will support a diagnosis of a health condition.

³Interstitial lung disease is a broad category of lung diseases that includes more than 100 health conditions characterized by inflammation and/or fibrosis of the lungs. Some of the health conditions include, but are not limited to, idiopathic pulmonary fibrosis, hypersensitivity pneumonitis, sarcoidosis, eosinophilic granuloma, pulmonary vasculitis, bronchiolitis obliterans, connective tissue or autoimmune disease-related pulmonary fibrosis. See Schwartz, M.I., King, T.E. Interstitial Lung Disease, China: People's Medical Publishing House (2010).

Obstructive lung disease, excluding asthma and reactive airways disease ⁴	<ul style="list-style-type: none"> History (Symptoms) & Physical Exam Findings* <u>and/or</u> PFTs/Spirometry* Radiographic/imaging Note: For WTC-exacerbated Chronic Obstructive Lung Disease (COPD), there must be evidence that COPD was present prior to September 11, 2001.⁵ 	<ul style="list-style-type: none"> Standards for the diagnosis and treatment of patients with COPD: a summary of the ATS/ERS position paper (2004) http://www.thoracic.org/statements/resources/cod/copdexecsum.pdf Diagnosis and Management of Stable Chronic Obstructive Pulmonary Disease: A Clinical Practice Guideline from the American College of Physicians, American College of Chest Physicians, American Thoracic Society, and European Respiratory Society (2011) http://www.thoracic.org/statements/resources/cod/179full.pdf
Obstructive lung disease—asthma and reactive airways disease only	<ul style="list-style-type: none"> History (Symptoms) & Physical Exam Findings* <u>and/or</u> PFTs/Spirometry* 	<ul style="list-style-type: none"> NIH National Heart, Lung and Blood Institute (NHLBI) Guidelines for the Diagnosis and Treatment of Asthma -EPR-3 (2007) http://www.nhlbi.nih.gov/guidelines/asthma/
Upper Airway Inflammatory Disorders ⁶	<ul style="list-style-type: none"> History (Symptoms) & Physical Exam Findings* Radiographic/imaging (CT of the sinuses) 	<ul style="list-style-type: none"> American Association of Family Physicians Diagnosing Rhinitis: Allergic vs. Nonallergic (2006) http://www.aafp.org/afp/2006/0501/p1583.html American Academy of Otolaryngology/Head and Neck Surgery. Clinical Practice Guidelines on Adult Sinusitis http://oto.sagepub.com/content/137/3/365.full
Gastroesophageal Reflux Disorder	<ul style="list-style-type: none"> History (Symptoms) & Physical Findings* <u>and/or</u> Response to therapy* <u>and/or</u> Endoscopic evidence of esophagitis, stricture or Barrett's metaplasia* 	<ul style="list-style-type: none"> American Gastroenterological Association (AGA) Medical Position Statement on the Management of Gastroesophageal Reflux Disease http://www.gastrojournal.org/article/S0016-5085(08)01606-5/fulltext

⁴ Obstructive lung disease is a broad category of lung diseases which are characterized by varying degrees of reversible and irreversible airways obstruction and include chronic respiratory disorder (fumes/vapors), chronic cough syndrome, WTC-exacerbated chronic obstructive lung disease, asthma, and reactive airways dysfunction syndrome (RADS).

⁵ Evidence consists of one of the following: (1) a record of physician diagnosis of COPD made prior to the individual's 9/11 exposure; (2) history of symptoms of chronic cough, sputum production and/or dyspnea experienced prior to the individual's 9/11 exposure; (3) a history of recurrent bronchopulmonary infections experienced prior to the individual's 9/11 exposure; (4) a record of pulmonary function tests showing chronic airways obstruction existing prior to the individual's 9/11 exposure; and (5) a record of imaging studies consistent with COPD existing prior to the individual's 9/11 exposure.

⁶ Upper airway health conditions is a broad category of health conditions that include, and are limited to, chronic rhinosinusitis, chronic rhinitis, chronic nasopharyngitis, chronic laryngitis, and upper airway hyperactivity.

Obstructive Sleep Apnea exacerbated by, or related to, a health condition in this Table, excluding MSDs and Malignant Neoplasms	<ul style="list-style-type: none"> History (Symptoms) & Physical Findings Polysomnogram (PSG)/Sleep Study shows evidence of Obstructive Sleep Apnea * 	<ul style="list-style-type: none"> American Academy of Sleep Medicine(AASM) Clinical Guideline for the Evaluation, Management and Long-term Care of Obstructive Sleep Apnea in Adults http://www.aasmnet.org/Resources/clinicalguidelines/OSA_Adults.pdf
Musculoskeletal Disorders (MSDs) ⁷	<ul style="list-style-type: none"> History (Symptoms) & Physical Findings* and/or Radiographic/Imaging Evidence* and/or Electrodiagnostic testing (e.g., Electromyography and Nerve Conduction Velocity study) 	<ul style="list-style-type: none"> American Academy of Orthopedic Surgeons (AAOS) Endorsed Guideline - American Pain Society Clinical Guideline for the Evaluation and Management of Low Back Pain (Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society) http://annals.org/article.aspx?articleid=736814 American Academy of Orthopedic Surgeons(AAOS) Diagnosis of Carpal Tunnel Syndrome Clinical Practice Guidelines (CPG) http://www.aaos.org/research/guidelines/CTS_guideline.pdf
Malignant Neoplasm	<ul style="list-style-type: none"> History (Symptoms) & Physical Findings Radiographic/Imaging Evidence Chemistry Laboratory Tissue biopsy/pathology report* <p>Exception: Tissue biopsy is not required for selected neoplasms. See NCCN guidelines.</p> <p>Note: When the diagnosis under review is metastatic neoplasm of an unknown primary, a diagnostic work-up summary is required to demonstrate that an appropriate search for the primary malignancy was done. Metastatic neoplasms with an unknown primary site shall be classified as neoplasms of the metastatic site. Latency shall be based on the date of diagnosis of the metastatic neoplasm, usually 4 years.</p>	<ul style="list-style-type: none"> National Comprehensive Cancer Network (NCCN) guidelines (http://www.nccn.org/professionals/physician_gls/f_guidelines.asp) National Cancer Institute (NCI) http://www.cancer.gov/cancertopics/factsheet/detection/pathology-reports Borowitz M, Westra W, Cooley LD, et al. Pathology and laboratory medicine. In: Abeloff MD, Armitage JO, Niederhuber JE, Kastan MB, McKenna WG, editors. <i>Clinical Oncology</i>. 3rd ed. London: Churchill Livingstone, 2004.

⁷In the case of a WTC responder only (i.e., not in the case of a survivor) who received any treatment for a WTC-related musculoskeletal disorder *on or before September 11, 2003*, the list of health conditions that can be verified includes: (1) low back pain; (2) carpal tunnel syndrome (CTS); and (3) other musculoskeletal disorders. The term 'WTC-related musculoskeletal disorder' means a chronic or recurrent disorder of the musculoskeletal system caused by *heavy lifting* or *repetitive strain* on the joints or musculoskeletal system occurring during rescue or recovery efforts in the New York City disaster area in the aftermath of the September 11, 2001, terrorist attacks. See 42 U.S.C. § 300mm-22(a)(4).